

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
HCR Manor Care PAC

ADDRESS (number and street) 333 North Summit Street  
16th Floor  
 Check if different than previously reported. (ACC)  
Toledo OH 43604-2617

2. **FEC IDENTIFICATION NUMBER** C00260141  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)  
**CITY** **STATE** **ZIP CODE**

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on 11 07 2006 in the State of OH

5. Covering Period 10 19 2006 through 11 27 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Frank A Jannazo  
Signature of Treasurer Electronically Filed by Frank A Jannazo Date 12 07 2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
HCR Manor Care PAC

Report Covering the Period: From: 

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		122561.74
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	50692.38									
(c) Total Receipts (from Line 19) .....	28019.68	146085.26								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	78712.06	268647.00								
7. Total Disbursements (from Line 31) .....	41544.12	231479.06								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	37167.94	37167.94								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
HCR Manor Care PAC

Report Covering the Period: From: 

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	15144.48	76520.34
(i) Itemized (use Schedule A) .....	12836.60	63895.73
(ii) Unitemized .....	27981.08	140416.07
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	27981.08	140416.07
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	38.60	669.19
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	28019.68	146085.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	28019.68	146085.26

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	10553.57
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	10553.57
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29500.00	153575.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	12044.12	67350.49
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	41544.12	231479.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	41544.12	231479.06

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	27981.08	140416.07
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	27981.08	140416.07
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	10553.57
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	10553.57

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Martin D Allen		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 7151 Whispering Oak		Transaction ID: SA11A1.26228
City State Zip Code Sylvania OH 43560	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C	Biweekly Payroll deduction of \$50	
Name of Employer Occupation HCR ManorCare Inc. AVP / Dir Internal Aud & Risk		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Sally Banulis		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 31 Avondale Avenue		Transaction ID: SA11A1.26234
City State Zip Code Haddonfield NJ 08033	Amount of Each Receipt this Period 92.32	
FEC ID number of contributing federal political committee. C	Biweekly Payroll deduction of \$23.08	
Name of Employer Occupation HCR ManorCare, Inc. Director Market Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.80	

Full Name (Last, First, Middle Initial) <b>C.</b> Jocelyn Barnes		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 428 169th Court NE		Transaction ID: SA11A1.26235
City State Zip Code Bradenton FL 34212	Amount of Each Receipt this Period 180.00	
FEC ID number of contributing federal political committee. C	Biweekly Payroll deduction of \$45	
Name of Employer Occupation HCR ManorCare Inc. Regional Director of Operation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 873.40	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	472.32
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.** Full Name (Last, First, Middle Initial)  
Lynne M Bauerschmidt

Mailing Address 7060 Middlebury

City State Zip Code  
Lambertville MI 48144

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HCR ManorCare Inc. Internal Training Lead

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 255.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.26237

Amount of Each Receipt this Period  
60.00

Biweekly Payroll deduction of \$15

**B.** Full Name (Last, First, Middle Initial)  
Julie A Beckert

Mailing Address 3911 Buell Ave

City State Zip Code  
Toledo OH 43613

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HCR ManorCare Inc. Dir. Marketing/Communications

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 242.38

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.26239

Amount of Each Receipt this Period  
46.16

Biweekly Payroll deduction of \$11.54

**C.** Full Name (Last, First, Middle Initial)  
Karen F Bell

Mailing Address 1220 North St.

City State Zip Code  
Bowling Green OH 43402

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HCR ManorCare Inc. AVP^ Dir Clinical Services

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 458.30

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.26240

Amount of Each Receipt this Period  
76.92

Biweekly Payroll deduction of \$19.23

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>183.08</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Lori Bott		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 558 Grass Lake Road		<b>Transaction ID:</b> SA11A1.26244
City State Zip Code Coldwater MI 49036	Amount of Each Receipt this Period 46.16	
FEC ID number of contributing federal political committee. C	Biweekly Payroll deduction of \$11.54	
Name of Employer Occupation HCR.ManorCare, Inc. Administrator	Aggregate Year-to-Date ▼ 232.64	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Pamella S Britt		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 27135 State Rt 49		<b>Transaction ID:</b> SA11A1.26246
City State Zip Code Potomac IL 61865	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C	Biweekly Payroll deduction of \$50	
Name of Employer Occupation HCR ManorCare Inc. Administrator	Aggregate Year-to-Date ▼ 980.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Timothy N Burchill		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 1121 6th Street SW		<b>Transaction ID:</b> SA11A1.26247
City State Zip Code Minot ND 58701	Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. C	Biweekly Payroll deduction of \$20	
Name of Employer Occupation HCR ManorCare Inc. Administrator	Aggregate Year-to-Date ▼ 340.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	276.16
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Kim Elaine Byk Mailing Address 2202 Liberty St. South City Canton State MI Zip Code 48188 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.26249 Amount of Each Receipt this Period 140.00 Biweekly Payroll deduction of \$35
Name of Employer: HCR ManorCare Inc. Occupation: AVP Clinical Support Systems Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 560.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Shirley D Cabildo Mailing Address 38 Bentley Court City Bedminster State NJ Zip Code 07921 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.26250 Amount of Each Receipt this Period 46.16 Biweekly Payroll deduction of \$11.54
Name of Employer: HCR ManorCare Inc. Occupation: Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 265.42		

<b>C.</b> Full Name (Last, First, Middle Initial) Carole J Campbell Mailing Address 131 Chevy Chase Street City Gaithersburg State MD Zip Code 20878 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.26252 Amount of Each Receipt this Period 76.92 Biweekly Payroll deduction of \$19.23
Name of Employer: HCR ManorCare Inc. Occupation: Regional Director of Operation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.61		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>263.08</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Toya M Casper		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 1806 Greenwood Drive		Transaction ID: SA11A1.26256
City Lindenwold	State NJ	Amount of Each Receipt this Period 60.00
Zip Code 08021		
FEC ID number of contributing federal political committee. <b>C</b>		Biweekly Payroll deduction of \$20
Name of Employer HCR ManorCare Inc.	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 224.30	

Full Name (Last, First, Middle Initial) <b>B.</b> Javier Cavero		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 3077 N. Oakland Forest Dr. #202		Transaction ID: SA11A1.26257
City Oakland Park	State FL	Amount of Each Receipt this Period 120.00
Zip Code 33309		
FEC ID number of contributing federal political committee. <b>C</b>		Biweekly Payroll deduction of \$30
Name of Employer HCR ManorCare Inc.	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.07	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. William Chenevert		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 620 Ashbury Drive		Transaction ID: SA11A1.26258
City Perrysburg	State OH	Amount of Each Receipt this Period 307.72
Zip Code 43551		
FEC ID number of contributing federal political committee. <b>C</b>		Biweekly Payroll deduction of \$76.93
Name of Employer HCR.ManorCare, Inc.	Occupation Vice President, Operations Support	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1239.30	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	487.72
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ms Lisa Cherry		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 1971 A Allwood Drive		<b>Transaction ID:</b> SA11A1.26259
City State Zip Code Bethlehem PA 18018	Amount of Each Receipt this Period 69.24	
FEC ID number of contributing federal political committee. C	Biweekly Payroll deduction of \$17.31	
Name of Employer Occupation HCR Manor Care, Inc. Administrator	Aggregate Year-to-Date 363.45	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms Denise Clements		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 16953 S. Mohican Drive		<b>Transaction ID:</b> SA11A1.26452
City State Zip Code Lockport IL 60441	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Occupation HCR Manor Care, Inc. Administrator - Oak Lawn West	Aggregate Year-to-Date 325.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>C.</b> Full Name (Last, First, Middle Initial) Stephen Coetzee		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address PO Box 85		<b>Transaction ID:</b> SA11A1.26260
City State Zip Code Neport PA 17074	Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. C	Biweekly Payroll deduction of \$20	
Name of Employer Occupation HCR. Manor Care Administrator	Aggregate Year-to-Date 411.55	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	249.24
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) <b>A. Shawn P Corley</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 4009 Top Flite Lane		<b>Transaction ID: SA11A1.26261</b>	
City State Zip Code Mason OH 45040		Amount of Each Receipt this Period 160.00	
FEC ID number of contributing federal political committee. C		Biweekly Payroll deduction of \$40	
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00		

Full Name (Last, First, Middle Initial) <b>B. Ms Pamela Cox</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 6238 Shadowood Circle		<b>Transaction ID: SA11A1.26263</b>	
City State Zip Code Naples FL 34112		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Biweekly Payroll deduction of \$25	
Name of Employer HCR ManorCare, Inc.	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>C. Douglas S Crail</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 5704 Ashbrook Drive		<b>Transaction ID: SA11A1.26264</b>	
City State Zip Code Toledo OH 43614		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Biweekly Payroll deduction of \$25	
Name of Employer HCR ManorCare Inc.	Occupation Dir. Quality Mgmt		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	360.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Cecilia Credille		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 534 Hevern Drive		Transaction ID: SA11A1.26455	
City State Zip Code Wheaton IL 60187	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer HCR.ManorCare, Inc.	Occupation Regional Director of Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 975.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Pamela R Crenshaw		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 14231 South Street		Transaction ID: SA11A1.26456	
City State Zip Code Woodstock IL 60098	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer HCR ManorCare Inc.	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 415.41		

Full Name (Last, First, Middle Initial) <b>C.</b> Karen L Davidson		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 612 W. Magnolia		Transaction ID: SA11A1.26268	
City State Zip Code Pana IL 62557	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Biweekly Payroll deduction of \$25		
Name of Employer HCR ManorCare Inc.	Occupation Dir^ Clinical Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.32		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) <b>A. Daniel W Deitzel III</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 541 S 61st Street		Transaction ID: SA11A1.26269
City State Zip Code Harrisburg PA 17111	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	Biweekly Payroll deduction of \$25	
Name of Employer Occupation HCR ManorCare Inc. Administrator	Aggregate Year-to-Date 435.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. Janet E Diehl</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address 3903 BARBARA ANN DRIVE		Transaction ID: SA11A1.26273
City State Zip Code MONROEVILLE PA 15146	Amount of Each Receipt this Period 67.34	
FEC ID number of contributing federal political committee. C	Weekly Payroll deduction of \$9.62	
Name of Employer Occupation HCR ManorCare Inc. Regional Dir of Ops	Aggregate Year-to-Date 433.16	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C. Timothy C Dietzen</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 3615 Sunnyview Rd		Transaction ID: SA11A1.26274
City State Zip Code Appleton WI 54914	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C	Biweekly Payroll deduction of \$25	
Name of Employer Occupation HCR ManorCare Inc. Administrator	Aggregate Year-to-Date 490.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	242.34
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) <b>A. Lisa A Dimitrie</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 30190 Avondale		<b>Transaction ID: SA11A1.26275</b>
City State Zip Code Madison Heights MI 48071	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C	Biweekly Payroll deduction of \$10	
Name of Employer Occupation HCR ManorCare Inc. Administrator	Aggregate Year-to-Date ▼ 230.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms Nancy Edwards</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 5726 Rolbesay Drive		<b>Transaction ID: SA11A1.26281</b>
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 461.52	
FEC ID number of contributing federal political committee. C	Biweekly Payroll deduction of \$115.38	
Name of Employer Occupation HCR ManorCare, Inc. General Manager, Central Division	Aggregate Year-to-Date ▼ 1153.80	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Shelley Ewen</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 943 Woodville Ave		<b>Transaction ID: SA11A1.26285</b>
City State Zip Code Monroe MI 48161	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C	Biweekly Payroll deduction of \$10	
Name of Employer Occupation HCR Manor Care, Inc. AR Director - 4H	Aggregate Year-to-Date ▼ 230.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	531.52
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) <b>A.</b> R Michael Ferguson		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 2450 Underhill Rd		<b>Transaction ID:</b> SA11A1.26287	
City Toledo	State OH	Amount of Each Receipt this Period 153.84	
Zip Code 43615		Biweekly Payroll deduction of \$38.46	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer HCR ManorCare Inc.	Occupation VP & Dir of Purchasing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 788.43		

Full Name (Last, First, Middle Initial) <b>B.</b> Annette L Foght		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 510 Arrowhead Drive		<b>Transaction ID:</b> SA11A1.26288	
City Perrysburg	State OH	Amount of Each Receipt this Period 120.00	
Zip Code 43551		Biweekly Payroll deduction of \$30	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer HCR ManorCare Inc.	Occupation Manager National Recruiting		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Pamela L Fuess		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 6590 Spring Meadows Dr.		<b>Transaction ID:</b> SA11A1.26292	
City Greenacres	State FL	Amount of Each Receipt this Period 40.00	
Zip Code 33413		Biweekly Payroll deduction of \$10	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer HCR ManorCare Inc.	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	313.84
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.** Full Name (Last, First, Middle Initial)  
Sally A Gates

Mailing Address 2011 20Th Ln

City State Zip Code  
Palm Beach Gardens FL 33418

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HCR ManorCare Inc. Regional Director of Operation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 715.00

Date of Receipt  
MM / DD / YYYY  
11 / 15 / 2006

**Transaction ID:** SA11A1.26294

Amount of Each Receipt this Period  
160.00

Biweekly Payroll deduction of \$40

**B.** Full Name (Last, First, Middle Initial)  
Michael D Gore

Mailing Address PO Box 1226

City State Zip Code  
Rupert WV 25984

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HCR ManorCare Inc. Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
MM / DD / YYYY  
11 / 08 / 2006

**Transaction ID:** SA11A1.26297

Amount of Each Receipt this Period  
30.00

Biweekly Payroll deduction of \$10

**C.** Full Name (Last, First, Middle Initial)  
Jessica C Grant

Mailing Address 867 Ardmore SE

City State Zip Code  
Grand Rapids MI 49507

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HCR ManorCare Inc. Regional Marketing Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
MM / DD / YYYY  
11 / 15 / 2006

**Transaction ID:** SA11A1.26299

Amount of Each Receipt this Period  
52.00

Biweekly Payroll deduction of \$13

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>242.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Ruth G Graziano		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 503 Elk Mills Road		<b>Transaction ID:</b> SA11A1.26300	
City State Zip Code Oxford PA 19363	Amount of Each Receipt this Period 215.40		
FEC ID number of contributing federal political committee. C	Biweekly Payroll deduction of \$53.85		
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 888.50		

Full Name (Last, First, Middle Initial) <b>B.</b> Jeffrey Grillo		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 20566 Courier Ridge Place		<b>Transaction ID:</b> SA11A1.26301	
City State Zip Code Ashburn VA 20147	Amount of Each Receipt this Period 320.00		
FEC ID number of contributing federal political committee. C	Biweekly Payroll deduction of \$80		
Name of Employer HCR ManorCare Inc.	Occupation VP^ Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1492.36		

Full Name (Last, First, Middle Initial) <b>C.</b> Deborah L Gross		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 687 Westview NW		<b>Transaction ID:</b> SA11A1.26303	
City State Zip Code Grand Rapids MI 49504	Amount of Each Receipt this Period 80.00		
FEC ID number of contributing federal political committee. C	Biweekly Payroll deduction of \$20		
Name of Employer HCR Manor Care, Inc.	Occupation Administrator - Crestview		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	615.40
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Alan Hash

Mailing Address 9496South Dunbar Circle

City State Zip Code  
South Jordan UT 84095

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HCR Manor Care, Inc. Regional Director - Western Division 5

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 469.26

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.26307

Amount of Each Receipt this Period  
80.00

Biweekly Payroll deduction of \$20

**B.** Full Name (Last, First, Middle Initial)  
Sandra K Hayes

Mailing Address 15719 N. Chronicle Lane

City State Zip Code  
Mead WA 99021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HCR ManorCare Inc. Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 238.56

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 8 / 2 0 0 6

Transaction ID: SA11A1.26308

Amount of Each Receipt this Period  
34.62

Biweekly Payroll deduction of \$11.54

**C.** Full Name (Last, First, Middle Initial)  
Kevin C Henricks

Mailing Address 23 Chicago St. Apt.G

City State Zip Code  
Plainfield IL 60544

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HCR ManorCare Inc. Regional Director of Operation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 670.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.26309

Amount of Each Receipt this Period  
156.00

Biweekly Payroll deduction of \$39

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **270.62**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.** Full Name (Last, First, Middle Initial)  
Scott Hochstadt

Mailing Address 24106 Nottingham Ave

City State Zip Code  
Plainfield IL 60585

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HCR Manor Care, Inc. Assistant Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.26507

Amount of Each Receipt this Period  
100.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Timothy M Hock

Mailing Address 8054 Tillicum Grove North

City State Zip Code  
Rockford MI 49341

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HCR ManorCare Inc. Regional Director of Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 332.30

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.26313

Amount of Each Receipt this Period  
76.92

Biweekly Payroll deduction of \$19.23

**C.** Full Name (Last, First, Middle Initial)  
Lynn M Hood

Mailing Address 15415 Meadow Wood Dr

City State Zip Code  
Wellington FL 33414

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HCR ManorCare Inc. Asst General Mgr

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 869.26

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.26315

Amount of Each Receipt this Period  
240.00

Biweekly Payroll deduction of \$60

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>416.92</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. John Huber		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 26448 Carronade Drive		Transaction ID: SA11A1.26316	
City State Zip Code Perrysburg OH 43551	Amount of Each Receipt this Period 120.00		
FEC ID number of contributing federal political committee. C	Biweekly Payroll deduction of \$30		
Name of Employer HCR.ManorCare, Inc.	Occupation Regional Director of Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Rebecca J Hullinger		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 1250 Horseshoe Cir #105		Transaction ID: SA11A1.26319	
City State Zip Code Ann Arbor MI 48108	Amount of Each Receipt this Period 160.00		
FEC ID number of contributing federal political committee. C	Biweekly Payroll deduction of \$40		
Name of Employer HCR ManorCare Inc.	Occupation Clinical Prog Implem Consult		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Frank A Jannazo		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 3466 Country Farms Road		Transaction ID: SA11A1.26320	
City State Zip Code Oregon OH 43616	Amount of Each Receipt this Period 120.00		
FEC ID number of contributing federal political committee. C	Biweekly Payroll deduction of \$30		
Name of Employer HCR ManorCare Inc.	Occupation Dir^ Accounts Receivable		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 505.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	400.00
<b>TOTAL</b> This Period (last page this line number only) .....	(Empty box)

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	PAGE 22 / 50
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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Ms Diane Johnson		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 206 Ruth Road		Transaction ID: SA11A1.26322	
City State Zip Code Fleetwood PA 19522	Amount of Each Receipt this Period 230.76		
FEC ID number of contributing federal political committee. C	Biweekly Payroll deduction of \$57.69		
Name of Employer HCR.ManorCare, Inc.	Occupation Regional Director of Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 980.79		

Full Name (Last, First, Middle Initial) <b>B.</b> Barry A Lazarus		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 2629 Liverpool Ct		Transaction ID: SA11A1.26334	
City State Zip Code Toledo OH 43617	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C	Biweekly Payroll deduction of \$75		
Name of Employer HCR ManorCare Inc.	Occupation VP^ Reimbursement		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Larry C Lester		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 13507 Westbrook		Transaction ID: SA11A1.26336	
City State Zip Code Plymouth MI 48170	Amount of Each Receipt this Period 307.68		
FEC ID number of contributing federal political committee. C	Biweekly Payroll deduction of \$76.92		
Name of Employer HCR ManorCare Inc.	Occupation General Mgr^ VP Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1616.20		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	838.44
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Ms Elizabeth Loyet		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 20115 183rd Place Northeast		Transaction ID: SA11A1.26338
City State Zip Code Woodinville WA 98072	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C	Biweekly Payroll deduction of \$10	
Name of Employer Occupation HCR Manor Care Inc. Administrator	Aggregate Year-to-Date ▼ 410.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Diane Lube		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 1040 Pinewood Drive		Transaction ID: SA11A1.26339
City State Zip Code Downers Grove IL 60516	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C	Biweekly Payroll deduction of \$10	
Name of Employer Occupation HCR ManorCare Inc. Administrator	Aggregate Year-to-Date ▼ 230.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Diane Lube		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 1040 Pinewood Drive		Transaction ID: SA11A1.26540
City State Zip Code Downers Grove IL 60516	Amount of Each Receipt this Period 151.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Occupation HCR ManorCare Inc. Administrator	Aggregate Year-to-Date ▼ 381.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	221.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 / 50
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Susan A Lucas		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 22 Jan Avenue		Transaction ID: SA11A1.26340
City State Zip Code Kankakee IL 60901		Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C		Biweekly Payroll deduction of \$10
Name of Employer HCR ManorCare Inc.	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Susan A Lucas		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 22 Jan Avenue		Transaction ID: SA11A1.26541
City State Zip Code Kankakee IL 60901		Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer HCR ManorCare Inc.	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 430.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Carrie Lund		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 14802 Dunston Place		Transaction ID: SA11A1.26341
City State Zip Code Tampa FL 33618		Amount of Each Receipt this Period 153.84
FEC ID number of contributing federal political committee. C		Biweekly Payroll deduction of \$38.46
Name of Employer HCR Manor Care, Inc.	Occupation Sr. Administrator - Palm Harbor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 645.71	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	393.84
<b>TOTAL</b> This Period (last page this line number only) .....	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Nancy F Mason Mailing Address 56 Holden Dr City Martinsburg State WV Zip Code 25401 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.26344 Amount of Each Receipt this Period 45.00 Biweekly Payroll deduction of \$15
Name of Employer: HCR ManorCare Inc. Occupation: Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Jill Matelan Mailing Address 700 Golden Drive City Blandon State PA Zip Code 19510 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.26345 Amount of Each Receipt this Period 120.00 Biweekly Payroll deduction of \$30
Name of Employer: HCR Manor Care, Inc Occupation: Administrator - Sinking Spring Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Deborah A McMonagle Mailing Address 1632 Patricia Ave City Willow Grove State PA Zip Code 19090 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.26348 Amount of Each Receipt this Period 140.00 Weekly Payroll deduction of \$20
Name of Employer: HCR ManorCare Inc. Occupation: General Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>305.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) <b>A. Murry J Mercier</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 7110 Oak Bluff Lane		Transaction ID: SA11A1.26350	
City <b>Maumee</b>	State <b>OH</b>	Zip Code <b>43537</b>	Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. <b>C</b>		Biweekly Payroll deduction of \$100	
Name of Employer HCR ManorCare Inc.	Occupation VP Dir of Information Serv		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2300.00		

Full Name (Last, First, Middle Initial) <b>B. Michelle M Meyer</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6	
Mailing Address 28 W. Linwood Rd.		Transaction ID: SA11A1.26351	
City <b>Linwood</b>	State <b>MI</b>	Zip Code <b>48634</b>	Amount of Each Receipt this Period 48.00
FEC ID number of contributing federal political committee. <b>C</b>		Biweekly Payroll deduction of \$16	
Name of Employer HCR ManorCare Inc.	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 308.00		

Full Name (Last, First, Middle Initial) <b>C. Debra I Miles</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 17738 W. River Rd.		Transaction ID: SA11A1.26353	
City <b>Bowling Green</b>	State <b>OH</b>	Zip Code <b>43402</b>	Amount of Each Receipt this Period 76.92
FEC ID number of contributing federal political committee. <b>C</b>		Biweekly Payroll deduction of \$19.23	
Name of Employer HCR ManorCare Inc.	Occupation Director^ Accounting		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 297.30		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	524.92
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) <b>A. Scott Miller</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 198 Old Mill Drive		<b>Transaction ID: SA11A1.26354</b>	
City State Zip Code Langhorne PA 19047	Amount of Each Receipt this Period 153.84		
FEC ID number of contributing federal political committee. C	Biweekly Payroll deduction of \$38.46		
Name of Employer Occupation HCR ManorCare Inc. Sr Administrator	Aggregate Year-to-Date ▼ 438.49		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Ms Susan Morey</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 700 Hunters Road		<b>Transaction ID: SA11A1.26355</b>	
City State Zip Code Mohnnton PA 19540	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C	Biweekly Payroll deduction of \$50		
Name of Employer Occupation HCR ManorCare, Inc. Regional Director of Operations	Aggregate Year-to-Date ▼ 950.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Ms Joylin Nation</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 15985 Voyageurs Place		<b>Transaction ID: SA11A1.26357</b>	
City State Zip Code West Palm Beach FL 33414	Amount of Each Receipt this Period 115.40		
FEC ID number of contributing federal political committee. C	Biweekly Payroll deduction of \$28.85		
Name of Employer Occupation HCR Manor Care, Inc. Senior Administrator	Aggregate Year-to-Date ▼ 490.35		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	469.24
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) <b>A.</b> David K Nees		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 5315 Rymoor Drive		Transaction ID: SA11A1.26358	
City State Zip Code Sylvania OH 43560	Amount of Each Receipt this Period 84.60		
FEC ID number of contributing federal political committee. C	Biweekly Payroll deduction of \$21.15		
Name of Employer Occupation HCR. Manor Care, Inc Associate General Counsel	Aggregate Year-to-Date ▼ 359.65		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Linda Neumann		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 28 Roslyn Road		Transaction ID: SA11A1.26360	
City State Zip Code Grosse Pointe Shor MI 48236	Amount of Each Receipt this Period 153.84		
FEC ID number of contributing federal political committee. C	Biweekly Payroll deduction of \$38.46		
Name of Employer Occupation HCR ManorCare Inc. Regional Director of Operation	Aggregate Year-to-Date ▼ 730.78		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Gordon C Ochs		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 2505 Waterford Court		Transaction ID: SA11A1.26364	
City State Zip Code Palmetto FL 34221	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C	Biweekly Payroll deduction of \$50		
Name of Employer Occupation HCR ManorCare Inc. Regional Director of Operation	Aggregate Year-to-Date ▼ 1150.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	438.44
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) <b>A. Harold A Oetman</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 736 Beechcreek Drive		Transaction ID: SA11A1.26365
City State Zip Code Holland MI 49423	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C	Biweekly Payroll deduction of \$10	
Name of Employer Occupation HCR ManorCare Inc. Administrator	Aggregate Year-to-Date ▼ 230.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms Leslie Ohm</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 12331 South 71st Avenue		Transaction ID: SA11A1.26366
City State Zip Code Palos Heights IL 60463	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C	Biweekly Payroll deduction of \$50	
Name of Employer Occupation HCR ManorCare, Inc. Regional Director of Operations	Aggregate Year-to-Date ▼ 850.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ms Leslie Ohm</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 12331 South 71st Avenue		Transaction ID: SA11A1.26569
City State Zip Code Palos Heights IL 60463	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Occupation HCR ManorCare, Inc. Regional Director of Operations	Aggregate Year-to-Date ▼ 950.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	340.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) <b>A. Ms. Annette Orlowski</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 669 Highway 60		Transaction ID: SA11A1.26367	
City Cedarburg	State WI	Zip Code 53012	Amount of Each Receipt this Period 230.76
FEC ID number of contributing federal political committee. <b>C</b>		Biweekly Payroll deduction of \$57.69	
Name of Employer HCR.ManorCare, Inc.	Occupation Director, Clinical Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.05		

Full Name (Last, First, Middle Initial) <b>B. Mr. James Pagoaga</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 13129 Fox Path Lane		Transaction ID: SA11A1.26368	
City West Friendship	State MD	Zip Code 21794	Amount of Each Receipt this Period 153.84
FEC ID number of contributing federal political committee. <b>C</b>		Biweekly Payroll deduction of \$38.46	
Name of Employer HCR.ManorCare, Inc.	Occupation Vice President, Rehabilitation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 884.72		

Full Name (Last, First, Middle Initial) <b>C. Mr. David Parker</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 2154 Tremont Road		Transaction ID: SA11A1.26370	
City Columbus	State OH	Zip Code 43212	Amount of Each Receipt this Period 232.00
FEC ID number of contributing federal political committee. <b>C</b>		Biweekly Payroll deduction of \$58	
Name of Employer HCR.ManorCare, Inc.	Occupation VP Assistant General Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 970.25		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	616.60
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) <b>A. Douglas M Parson</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 812 Countay Club Drive		Transaction ID: SA11A1.26371
City State Zip Code Butler MO 64730	Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C	Biweekly Payroll deduction of \$20	
Name of Employer Occupation HCR ManorCare Inc. Administrator	Aggregate Year-to-Date 460.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. Karen S Petyko</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 14108 Doffin Street		Transaction ID: SA11A1.26562
City State Zip Code Cedar Lake IN 46303	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Occupation HCR ManorCare Inc. Assistant Administrator	Aggregate Year-to-Date 275.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C. Karen K Phelps</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address Rt. 4^ Box 87p		Transaction ID: SA11A1.26373
City State Zip Code Tecumseh OK 74873	Amount of Each Receipt this Period 108.00	
FEC ID number of contributing federal political committee. C	Biweekly Payroll deduction of \$27	
Name of Employer Occupation HCR ManorCare Inc. Admin Dir Of Nursing Serv	Aggregate Year-to-Date 621.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	368.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) <b>A. David III Pipkin</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 9211 Marydell Rd		<b>Transaction ID: SA11A1.26375</b>	
City State Zip Code Ellicott City MD 21042		Amount of Each Receipt this Period 120.00	
FEC ID number of contributing federal political committee. C		Biweekly Payroll deduction of \$30	
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.11		

Full Name (Last, First, Middle Initial) <b>B. Clifton J Porter II</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 3929 Azalea Circle		<b>Transaction ID: SA11A1.26376</b>	
City State Zip Code Maumee OH 43537		Amount of Each Receipt this Period 233.08	
FEC ID number of contributing federal political committee. C		Biweekly Payroll deduction of \$58.27	
Name of Employer HCR ManorCare Inc.	Occupation AVP^ Government Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1206.17		

Full Name (Last, First, Middle Initial) <b>C. Michael J Reed</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 3899 Midshore Drive		<b>Transaction ID: SA11A1.26378</b>	
City State Zip Code Naples FL 34109		Amount of Each Receipt this Period 327.68	
FEC ID number of contributing federal political committee. C		Biweekly Payroll deduction of \$81.92	
Name of Employer HCR Manor Care, Inc.	Occupation VP Assisted Living Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 819.20		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	680.76
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) <b>A.</b> John I Remenar		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 2723 Rexton Ridge Rd		<b>Transaction ID:</b> SA11A1.26380	
City State Zip Code Toledo OH 43617	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C	Biweekly Payroll deduction of \$50		
Name of Employer HCR ManorCare Inc.	Occupation VP Financial Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 773.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Deborah G Rhude		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6	
Mailing Address 6522 Lilly Road		<b>Transaction ID:</b> SA11A1.26383	
City State Zip Code Hillsboro OH 45133	Amount of Each Receipt this Period 28.86		
FEC ID number of contributing federal political committee. C	Biweekly Payroll deduction of \$9.62		
Name of Employer HCR ManorCare Inc.	Occupation Admissions Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 226.20		

Full Name (Last, First, Middle Initial) <b>C.</b> Glen Roebuck		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 314 Forest Road		<b>Transaction ID:</b> SA11A1.26386	
City State Zip Code Davenport IA 52803	Amount of Each Receipt this Period 80.00		
FEC ID number of contributing federal political committee. C	Biweekly Payroll deduction of \$20		
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	308.86
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) <b>A. David R Roth</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 5257 Bentwood Drive		Transaction ID: SA11A1.26387
City State Zip Code Mason OH 45040	Amount of Each Receipt this Period 85.72	
FEC ID number of contributing federal political committee. <b>C</b>		Biweekly Payroll deduction of \$21.43
Name of Employer HCR ManorCare Inc.	Occupation Director Of Planning	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 359.90	

Full Name (Last, First, Middle Initial) <b>B. Lynette M Rugg</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 1348 Oakland Circle		Transaction ID: SA11A1.26584
City State Zip Code N. Aurora IL 60542	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer HCR Manor Care, Inc.	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Lynette M Rugg</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 1348 Oakland Circle		Transaction ID: SA11A1.26585
City State Zip Code N. Aurora IL 60542	Amount of Each Receipt this Period 327.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer HCR Manor Care, Inc.	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 577.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	512.72
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) <b>A. Judith A Sager</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address 68 Meadow Court		<b>Transaction ID: SA11A1.26389</b>
City State Zip Code Sinking Spring PA 19608	Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. C	Weekly Payroll deduction of \$5	
Name of Employer Occupation HCR ManorCare Inc. Manager Market Development	Aggregate Year-to-Date 230.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. Beverly Santuomo</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address P.O. Box 118		<b>Transaction ID: SA11A1.26390</b>
City State Zip Code Howard OH 43028	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C	Biweekly Payroll deduction of \$10	
Name of Employer Occupation HCR Manor Care, Inc. Manager of Clinical Services	Aggregate Year-to-Date 230.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C. Francis J Schmitt</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 4007 Thistle Hill Court		<b>Transaction ID: SA11A1.26391</b>
City State Zip Code Sugar Land TX 77479	Amount of Each Receipt this Period 320.00	
FEC ID number of contributing federal political committee. C	Biweekly Payroll deduction of \$80	
Name of Employer Occupation HCR ManorCare Inc. VP^ Operations	Aggregate Year-to-Date 1360.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	395.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.** Full Name (Last, First, Middle Initial)  
Bruce G Schroeder

Mailing Address 10945 Lakeview Dr

City State Zip Code  
Whitehouse OH 43571

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HCR ManorCare Inc. AVP Home Health

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.09

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.26392

Amount of Each Receipt this Period  
80.00

Biweekly Payroll deduction of \$20

**B.** Full Name (Last, First, Middle Initial)  
Mr. Mark Schroepfer

Mailing Address 2328 Bonnie Brae

City State Zip Code  
Santa Ana CA 92706

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HCR ManorCare, Inc. Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 8 / 2 0 0 6

Transaction ID: SA11A1.26393

Amount of Each Receipt this Period  
45.00

Biweekly Payroll deduction of \$15

**C.** Full Name (Last, First, Middle Initial)  
Mr. Edward Schuch

Mailing Address 304 Adriana Court

City State Zip Code  
Northampton PA 18067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HCR Manor Care, Inc. Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.26394

Amount of Each Receipt this Period  
80.00

Biweekly Payroll deduction of \$20

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	205.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Theresa J Smelser		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 202 N. Elm Hurst Rd.		Transaction ID: SA11A1.26602
City Prospect Heights	State IL	Zip Code 60070
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer HCR ManorCare Inc.	Occupation Sr Administrator	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.36	

Full Name (Last, First, Middle Initial) B. Theresa J Smelser		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 202 N. Elm Hurst Rd.		Transaction ID: SA11A1.26603
City Prospect Heights	State IL	Zip Code 60070
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 56.00
Name of Employer HCR ManorCare Inc.	Occupation Sr Administrator	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 398.36	

Full Name (Last, First, Middle Initial) C. Joyce Louise Smith		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 3521 Cedar Creek Court		Transaction ID: SA11A1.26396
City Maumee	State OH	Zip Code 43537
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 307.68
Name of Employer HCR ManorCare Inc.	Occupation VP^ Clinical Services	Biweekly Payroll deduction of \$76.92
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1420.20	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	463.68
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) <b>A. Susan Sorrentino</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 506 French Point Ct.		<b>Transaction ID: SA11A1.26397</b>	
City Millersville	State MD	Zip Code 21108	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C		Biweekly Payroll deduction of \$10	
Name of Employer HCR ManorCare Inc.	Occupation Quality & Regulatory Consultan		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) <b>B. Marionlee J Specter</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6	
Mailing Address 5286 Sell Road		<b>Transaction ID: SA11A1.26398</b>	
City New Tripoli	State PA	Zip Code 18066	Amount of Each Receipt this Period 115.50
FEC ID number of contributing federal political committee. C		Biweekly Payroll deduction of \$38.50	
Name of Employer HCR ManorCare Inc.	Occupation Executive Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 574.00		

Full Name (Last, First, Middle Initial) <b>C. Steven D Spencer</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 1102 Towsley Lane		<b>Transaction ID: SA11A1.26399</b>	
City Ann Arbor	State MI	Zip Code 48105	Amount of Each Receipt this Period 169.24
FEC ID number of contributing federal political committee. C		Biweekly Payroll deduction of \$42.31	
Name of Employer HCR ManorCare Inc.	Occupation VP Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 465.41		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	324.74
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) <b>A. Patricia Jane Stahr</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 807 Johnston Drive		<b>Transaction ID: SA11A1.26400</b>	
City Bethlehem	State PA	Zip Code 18017	Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee. C		Biweekly Payroll deduction of \$15	
Name of Employer HCR ManorCare Inc.	Occupation Admin Dir Of Nursing Serv		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Eric Talbert</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 7231 Stonewater Ct		<b>Transaction ID: SA11A1.26408</b>	
City Maumee	State OH	Zip Code 43537	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C		Biweekly Payroll deduction of \$10	
Name of Employer HCR Manor Care, Inc.	Occupation Div. Director of Operations Support		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00		

Full Name (Last, First, Middle Initial) <b>C. Helen Taube</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 200 Parkwood Drive South		<b>Transaction ID: SA11A1.26409</b>	
City Royal Palm Beach	State FL	Zip Code 33411	Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee. C		Biweekly Payroll deduction of \$15	
Name of Employer HCR Manor Care, Inc.	Occupation Manager Clinical Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	160.00
<b>TOTAL</b> This Period (last page this line number only) .....	(Empty box)

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) <b>A. Rami Ubaydi</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 27134 Pumpkin Street		Transaction ID: SA11A1.26411
City State Zip Code Murrieta CA 92562	Amount of Each Receipt this Period 154.00	
FEC ID number of contributing federal political committee. C	Biweekly Payroll deduction of \$38.50	
Name of Employer Occupation HCR Manor Care, Inc. Regional Director of Operations	Aggregate Year-to-Date ▼ 630.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Douglas Wanke</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 13908 Pondview Road		Transaction ID: SA11A1.26416
City State Zip Code Silver Spring MD 20905	Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. C	Biweekly Payroll deduction of \$20	
Name of Employer Occupation HCR ManorCare, Inc. Director of Health Planning	Aggregate Year-to-Date ▼ 720.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. M Keith Weikel</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address Three River Hills Ln		Transaction ID: SA11A1.26418
City State Zip Code Toledo OH 43623	Amount of Each Receipt this Period 769.24	
FEC ID number of contributing federal political committee. C	Biweekly Payroll deduction of \$192.31	
Name of Employer Occupation HCR ManorCare Inc. Sr Executive VP and COO	Aggregate Year-to-Date ▼ 3269.21	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1003.24
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.** Full Name (Last, First, Middle Initial)  
Tammy Whorton

Mailing Address 22965 Martinique

City State Zip Code  
Edmond OK 73003

FEC ID number of contributing federal political committee. **C**

Name of Employer  
HCR Manor Care, Inc.

Occupation  
Senior MCS - Clinical Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.26420

Amount of Each Receipt this Period  
80.00

Biweekly Payroll deduction of \$20

**B.** Full Name (Last, First, Middle Initial)  
Dan Wood

Mailing Address 844 Miami Street

City State Zip Code  
Toledo OH 43605

FEC ID number of contributing federal political committee. **C**

Name of Employer  
HCR ManorCare Inc.

Occupation  
Asst General Mgr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1006.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.26422

Amount of Each Receipt this Period  
240.00

Biweekly Payroll deduction of \$60

**C.** Full Name (Last, First, Middle Initial)  
Ms Sherriann Wood

Mailing Address 5 Aberfield Lane

City State Zip Code  
Miamisburg OH 45342

FEC ID number of contributing federal political committee. **C**

Name of Employer  
HCR.ManorCare, Inc.

Occupation  
RDO - Central Division Region 2

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
734.60

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.26423

Amount of Each Receipt this Period  
153.84

Biweekly Payroll deduction of \$38.46

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	473.84
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 42 / 50	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.** Full Name (Last, First, Middle Initial)  
Cynthia M Zalewski

Mailing Address 3845 Drummond Rd

City Toledo State OH Zip Code 43613

FEC ID number of contributing federal political committee. **C**

Name of Employer HCR ManorCare Inc. Occupation Senior Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
326.93

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 1 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.26425

Amount of Each Receipt this Period  
76.92

Biweekly Payroll deduction of \$19.23

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	76.92
<b>TOTAL</b> This Period (last page this line number only) .....	▶	15144.48

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 43 / 50	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.** Full Name (Last, First, Middle Initial)  
The Huntington National Bank

Mailing Address P.O. Box 5065

City Cleveland State OH Zip Code 44101-0065

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.47

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	6

Transaction ID: SA17.26224

Amount of Each Receipt this Period  
38.60

Interest 10/06

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	38.60
<b>TOTAL</b> This Period (last page this line number only) .....	▶	38.60

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) <b>A. ALAN MOLLOHAN FOR CONGRESS COMMITTEE</b>		<b>Transaction ID:</b> SB23.26200 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address P. O. Box 1343		Amount of Each Disbursement this Period 1000.00
City Fairmont State WV Zip Code 26555	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. ARCURI FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.26188 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address P.O. Box 8508		Amount of Each Disbursement this Period 1000.00
City Utica State NY Zip Code 13505	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. BOSWELL FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.26192 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address PO Box 6220		Amount of Each Disbursement this Period 1000.00
City Des Moines State IA Zip Code 50309	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) <b>A. BRALEY FOR CONGRESS</b>		Transaction ID: SB23.26190 Date of Disbursement 10 / 23 / 2006
Mailing Address PO Box 390		Amount of Each Disbursement this Period 1500.00
City Waterloo	State IA Zip Code 50704	
Purpose of Disbursement Contribution Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. CANTOR FOR CONGRESS</b>		Transaction ID: SB23.26206 Date of Disbursement 10 / 26 / 2006
Mailing Address P. O. Box 17813		Amount of Each Disbursement this Period 2000.00
City Richmond	State VA Zip Code 23226	
Purpose of Disbursement Contribution Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Citizens for DeWine</b>		Transaction ID: SB23.26209 Date of Disbursement 10 / 26 / 2006
Mailing Address 506 Crisp Wind Ct.		Amount of Each Disbursement this Period 3000.00
City Fairborn	State OH Zip Code 45324	
Purpose of Disbursement Contribution Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) <b>A. Democratic Congressional Campaign Committee</b>		<b>Transaction ID:</b> SB23.26205 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 430 S Capitol Street SE		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF JIM MARSHALL</b>		<b>Transaction ID:</b> SB23.26199 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address PO BOX 125		Amount of Each Disbursement this Period 1000.00
City MACON State GA Zip Code 31201	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 08	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF PHIL HARE</b>		<b>Transaction ID:</b> SB23.26197 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 313 17th Street P.O. Box 4183		Amount of Each Disbursement this Period 1000.00
City Rock Island State IL Zip Code 61202	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 17	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF TAMMY DUCKWORTH</b>		<b>Transaction ID: SB23.26193</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 416 W. 22nd St.		Amount of Each Disbursement this Period 500.00
City Lombard State IL Zip Code 60148	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. GIFFORDS FOR CONGRESS</b>		<b>Transaction ID: SB23.26195</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address PO Box 27565		Amount of Each Disbursement this Period 1500.00
City Tucson State AZ Zip Code 85726	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. LINCPAC</b>		<b>Transaction ID: SB23.26207</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 301 4th Street NE Suite 301		Amount of Each Disbursement this Period 4000.00
City Washington State DC Zip Code 20002	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) <b>A. NATIONAL LEADERSHIP PAC</b>		<b>Transaction ID:</b> SB23.26219 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address PO box 5577		Amount of Each Disbursement this Period 5000.00
City New York State NY Zip Code 10027	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. PATTY WETTERLING FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.26203 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address P.O. Box 3985		Amount of Each Disbursement this Period 1000.00
City Minneapolis State MN Zip Code 55403	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. PERLMUTTER FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.26201 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 3440 Youngfield St #264		Amount of Each Disbursement this Period 1000.00
City Wheat Ridge State CO Zip Code 80033	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	29500.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) <b>A. Citizens for Emil Jones</b>		<b>Transaction ID:</b> SB29.26213 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address P.O. Box 641490		Amount of Each Disbursement this Period 2000.00
City Chicago State IL Zip Code 60664	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Citizens for Frank Watson</b>		<b>Transaction ID:</b> SB29.26215 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address P.O. Box 391		Amount of Each Disbursement this Period 2000.00
City Greenville State IL Zip Code 62246	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Citizens to Elect Tom Cross</b>		<b>Transaction ID:</b> SB29.26217 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address P.O. Box 825		Amount of Each Disbursement this Period 2000.00
City Plainfield State IL Zip Code 60544	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 50 / 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) <b>A. Friends of Michael J. Madigan</b>		<b>Transaction ID:</b> SB29.26212 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address P.O. Box 3188		Amount of Each Disbursement this Period 4000.00
City Chicago State IL Zip Code 60654	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. Strickland for Governor</b>		<b>Transaction ID:</b> SB29.26186 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 42 Park Drive		Amount of Each Disbursement this Period 2000.00
City Columbus State OH Zip Code 43209	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. The Huntington National Bank</b>		<b>Transaction ID:</b> SB29.26221 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address P.O. Box 5065		Amount of Each Disbursement this Period 44.12
City Cleveland State OH Zip Code 44101-0065	Category/ Type	
Purpose of Disbursement Service Fees - 11/06		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6044.12
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	12044.12